PATENT APPLICATION EE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

ective December 8, 2004 10537718

-									$\perp \perp \cup$		110	
		CLAIMS	•	O - PART I	, ,,			SMALL EN			OTHE	RTHAN
	· · · · · · · · · · · · · · · · · · ·		(Col	lumn 1)	·	(Column 2)	7	1176		OR	SMALL	ENTITY
U.S	. NATIONAL	STAGE FEES						RATE	FEE		RATE	FEE
BASIC FEE				NT. = \$ 150	LAR	GE ENT. = \$ 300	•	BASIC FEE	-	OR	BASIC FEE	377)
EXÁMINATION FEE				T Article 33(1)- 50 / \$ 100		ther situations = \$ 100 / \$ 200		EXAM. FEE		1	EXAM. FEE	奶奶
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$,200 / \$400			ther situations = \$250 / \$500		SEARCH FEE			SEARCH FEE	417)
FEE FOR EXTRA SPEC. PGS.			n	inus 100 =	-	/ 50 =		X \$ 125 =		1	X \$ 250 =	100
TOTAL CHARGEABLE CLAIMS			minus 20 = QQ				X \$ 25 =		OR	X \$ 50 =	11112	
INDEPENDENT CLAIMS			# minus 3 = 1				X \$ 100 =		OR	X \$ 200 =	1000	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT		,			+ \$ 180 =		OR	+ \$ 360 =	1
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	2200°
	. • 1	CI AIME AC	AMENDE	D DADT				•		•	•	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							;	SMALL E	ENTITY .	OR	OTHER SMALL	
ΑF	8/31/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	.39	Minus	-4	2	=		X \$ 25 =	- · · ·	OR	X \$ 50 =	
AME	Independent	. 15	Minus	4	/	= · //		X \$ 100 =		OR	X \$ 200 =	22000
$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						İ	+ \$ 180 =		OR	+ \$ 360 =	~00
	,					· · · · · · · · · · · · · · · ·		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	220100
		(Column 1)		(Colum	n 2)	(Column 3)		٠. ٠				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	. [X \$ 25 =		OR	X \$ 50 =	
AMENDIV	ndependent	*	Minus	***	:	=		X \$ 100 =		OR	X \$ 200 =	
Ī	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$.180 =	` `	OR	+ \$ 360 =	
							, 1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
								· . · ·				
		•	•									